POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*A H*	*13495*	*5/15/00*
O.I.P.E. CLASSIFIER		*G*	*3-20-00*
FORMALITY REVIEW	*LH*	*60105*	*5-9-00*
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
− (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim		Date											Claim		Date											Claim		Date										
Final	Original												Final	Original													Final	Original											
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	2													52														102											
	3													53														103											
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	49													99														149											
	50													100														150											

If more than 150 claims or 10 actions
staple additional sheet here

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